SHERIDAN MEDICAL COMPLEX

8400 SHERIDAN ROAD

KENOSHA Phone: (262) 658-4141 Ownershi p: Corporation 53143 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 102 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 106 Average Daily Census: 97 Number of Residents on 12/31/00: 99

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	/00)	Length of Stay (12/31/00)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	52. 5			
Supp. Home Care-Personal Care	No					1 - 4 Years	39. 4			
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2. 0	More Than 4 Years	8. 1			
Day Services	No	Mental Illness (Org./Psy)	29. 3	65 - 74	14. 1	1				
Respite Care	No	Mental Illness (Other)	19. 2	75 - 84	35. 4	İ	100. 0			
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	35. 4	************	******			
Adult Day Health Care No   Para		Para-, Quadra-, Hemi plegic	1.0	95 & 0ver	13. 1	Full-Time Equivalen	<b>μui val ent</b>			
Congregate Meals No   Canc		Cancer	er 6.1				Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	15. 2		100.0	(12/31/00)				
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	98. 0					
Transportation	No	Cerebrovascul ar	20. 2			RNs	11.6			
Referral Service	No	Di abetes	8. 1	Sex	%	LPNs	7. 1			
Other Services	Yes	Respi ratory	1. 0			Nursing Assistants				
Provide Day Programming for		Other Medical Conditions	0.0	Male	29. 3	Aides & Orderlies	35. 7			
Mentally Ill	No			Female	70. 7	1				
Provide Day Programming for			100.0							
Developmentally Disabled	No				100. 0	1				
**********	****	*******	****	*****	*****	*****	******			

Method of Reimbursement

		Medi care			Medicaid (Title 19)												
	(Title 18)			(				0ther		P	Private Pay			Managed Care			Percent
Per D		Per Die	em Per Diem		m	n Per Diem		em	Per Diem			Per Diem Total			Of All		
Level of Care	No.	%	Rate	No.	%	Rate	No	<b>).</b> %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	2	3. 4	\$104. 71	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	2	2. 0%
Skilled Care	19	100. 0	\$247.00	54	91. 5	\$89. 58	1	100. 0	\$166.00	20	100.0	\$157.00	0	0.0	\$0.00	94	94. 9%
Intermediate				3	5. 1	\$74.45	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	3	3.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	19	100. 0		<b>59</b> 1	100. 0		1	100. 0		20	100.0		0	0. 0		99	100.0%

SHERIDAN MEDICAL COMPLEX

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needing Total Percent Admissions from: Activities of Assistance of % Totally Number of Private Home/No Home Health Daily Living (ADL) One Or Two Staff Resi dents 4.5 Independent Dependent Private Home/With Home Health Bathi ng 4.0 81.8 14. 1 99 1.3 Other Nursing Homes 1.3 Dressi ng 4.0 82.8 13. 1 99 Acute Care Hospitals 92.9 Transferring 16. 2 68.7 15. 2 99 Psych. Hosp. - MR/DD Facilities 0.0 Toilet Use 19. 2 48.5 32.3 99 Rehabilitation Hospitals 0.0 Eati ng 58.6 18. 2 23. 2 99 0.0 | \* Other Locations Total Number of Admissions 224 Special Treatments % Conti nence Percent Discharges To: Indwelling Or External Catheter 8. 1 Receiving Respiratory Care 10. 1 Private Home/No Home Health 0.0 Occ/Freq. Incontinent of Bladder 40.4 Receiving Tracheostomy Care 0.0 Private Home/With Home Health 48.0 Occ/Freq. Incontinent of Bowel 29.3 Receiving Suctioning 0.0 Other Nursing Homes 4.0 Receiving Ostomy Care 2.0 Acute Care Hospitals 24.7 Mobility Receiving Tube Feeding 2.0 Psych. Hosp.-MR/DD Facilities 0.0 Physically Restrained 2.0 Receiving Mechanically Altered Diets 32.3 Rehabilitation Hospitals 0.0 Other Locations 0.9 Skin Care Other Resident Characteristics Deaths 22.4 With Pressure Sores 3.0 Have Advance Directives 100.0 Total Number of Discharges With Rashes 4.0 Medi cati ons (Including Deaths) 223 Receiving Psychoactive Drugs 81.8

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		0wne	ershi p:	Bed Size:		Li censure:			
	Thi s	Propri etary		J		Skilled Peer Group		All Facilities	
	Facility Peer Gr		Group						
	%	%	Ratio	%	Ratio	%	Rati o	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91. 5	82. 5	1. 11	83. 6	1.09	84. 1	1.09	84. 5	1.08
Current Residents from In-County	97. 0	83. 3	1. 16	86. 1	1. 13	83. 5	1. 16	77. 5	1. 25
Admissions from In-County, Still Residing	21. 9	19. 9	1. 10	22. 5	0. 97	22. 9	0. 96	21.5	1.02
Admissions/Average Daily Census	230. 9	170. 1	1. 36	144. 6	1. 60	134. 3	1. 72	124. 3	1.86
Discharges/Average Daily Census	229. 9	170. 7	1. 35	146. 1	1. 57	135. 6	1.69	126. 1	1.82
Discharges To Private Residence/Average Daily Census	110. 3	70.8	1. 56	56. 1	1.97	53.6	2.06	49. 9	2. 21
Residents Receiving Skilled Care	97. 0	91. 2	1.06	91.5	1.06	90. 1	1.08	83. 3	1. 16
Residents Aged 65 and Older	98. 0	93. 7	1.05	92. 9	1.06	92. 7	1.06	87. 7	1. 12
Title 19 (Medicaid) Funded Residents	<b>59</b> . <b>6</b>	62. 6	0. 95	63. 9	0. 93	63. 5	0. 94	69. 0	0.86
Private Pay Funded Residents	20. 2	24. 4	0.83	24. 5	0.83	27. 0	0. 75	22. 6	0.89
Developmentally Disabled Residents	0. 0	0.8	0.00	0.8	0.00	1. 3	0. 00	7. 6	0.00
Mentally Ill Residents	48. 5	30. 6	1. 58	36. 0	1. 35	37. 3	1. 30	33. 3	1.45
General Medical Service Residents	0. 0	19. 9	0. 00	21. 1	0.00	19. 2	0.00	18. 4	0.00
Impaired ADL (Mean)	49. 7	48. 6	1.02	50. 5	0. 98	49. 7	1.00	49. 4	1.01
Psychological Problems	81.8	47. 2	1.74	49. 4	1.66	50. 7	1.61	50. 1	1. 63
Nursing Care Required (Mean)	6. 7	6. 2	1.09	6. 2	1.08	6. 4	1.04	7. 2	0. 94